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To get back from the Full Screen view at any time, click the Esc key at the top left of your keyboard.



This lecture is aimed at surgeons who want to prepare a free-standing version of a Powerpoint talk which can then be downloaded from a website.

Normally at lectures you only see something like the blue slide above. Down here, in the white area, is where explanatory notes can be seen if you watch the presentation when a speaker is not present, whether it is in Powerpoint or in PDF.

I've taken the liberty of adding a couple of snaps, as you can't see me in the flesh just now and we are trying to imitate a real lecture as far as possible.

Why not a movie and far more realism? Much smaller file, much less bandwidth to download, much less demand on your patience as a surgeon, so you can flick forwards and backwards as fast or as slow as you like. You don't have to listen to audio, which can be downright boring.



As there isn't a chairperson here online to introduce me at this Internet presentation, I've taken the liberty of adding a brief biographical note

I'm a retired country general surgeon, after working at Whyalla, South Australia for 30 years.

For the last 40+ years I've had a strong interest in ergonomics and applying it to operative surgery.

I've also had an interest in cognitive ergonomics and information design and sharing, which is what this Powerpoint presentation is about.



This talk is about being able to read the text on slides at meetings, or see the details, even if you are at the back of the room and there is wash-out lighting from side windows.

You might be behind someone tall and unable to see the bottom lines of slides.

You can protest to the organiser or next time just get there earlier. There are other aspects to good venue design, a topic for another occasion.



Text and talk are linear, a continuous one-dimensional stream of elements. Worse, there is no replay button for a live talk if you lose the thread.

While your attention has limits, your inner and outer worlds have many dimensions, like the super-string theory of matter.

In a lecture you try to share this knowledge of your world, using word pictures, and perhaps A-V (Audio-Visual) aids. A presentation like this is meant for an audience of one, or perhaps two (or three) at a time.



Throughout history, great speakers have not used visual aids.

Today Powerpoint comes in for well-deserved criticism.

However think of TV as radio with pictures, think of complex issues debated in Parliament which would become clearer with graphs, diagrams and pictures.

These days when Treasurer Peter Costello talks about our national economy, he may use Powerpoint graphs to show how incomes or government expenditure have changed.



According to the biblical account, Moses came down from Mount Sinai bearing two stone tablets with the Ten Commandments, the first recorded use of AV aids.

On the other hand Jesus needed no such aids when he presented the powerful message of the Sermon on the Mount.

In modern times a demonic Hitler used lighting designed by Speer the architect to emphasize his evil message at the Nurenberg rallies, as well as microphones in the crowd to swell the waves of applause through loudspeakers under his platform.

A-V aids are not without problems, with embarrassing delays and total failures at times.



Today Powerpoint comes in for welldeserved criticism.

However think of TV as radio with pictures, and think of Powerpoint with Notes Pages showing as easier and cheaper than a full-blown instructional movie.



A-V aids, like other media, allow us independence of the tyranny of space and time. We can see or read about events long ago and far away.

You can show photos of skin cancers, or events like a breech delivery, where a video can provide a powerful proxy for the experience of being there.

Powerpoint is often criticised as being a prop for the under-prepared speaker.

So? You might have been reading it off paper instead – just remember not to have your back to the audience.



In everyday life there are traffic lights, indicators, bleeps, hooters, sirens - all examples of A-V aids.

35 mm slides have vanished into limbo, but overhead transparencies (called "foils" in the US) still have a use where setting up a data projector is a problem – think of third-world health teachers who happen to have electricity, or butcher's paper or flip charts if they don't.

Remember the value of gesture and representation with the hands, whatever other medium you use.



Powerpoint slides remain the mainstay of surgical and business presentations, as well as in education, military training, and religion and have an increasing role on the Internet and other networks.



Here are some reasons.

Note that I've inserted the symbol for each of the bullet points to come, to help the mental preparation of the audience.



Note also the way that a sequence of points is presented.

There are in this case five slides, and each heading is shrunk as the next one appears.

You can make the last slide in a series first, then gradually remove one line at a time from the bottom. In the Powerpoint program you can enlarge the current bottom line with the pair of buttons A<sup>▲</sup> A<sup>▼</sup> (to the right in the menu bar at the top of the Powerpoint page view.)



Ego is a big driver for preparing better talks. If you give a poor presentation you will be unhappy with yourself.

During preparation you will go through the presentation several times to make it better to look at, with the advantage that you become more familiar with it each time.



If they stop to think about it, the heads of departments will realise how their reputation will grow with the presentation skills of their juniors.

All speakers should have to present their papers to an in-house audience about a month before a big occasion. The fiercer the criticism of their trial run, the better that the final result should be.



Attracting people to attend as an audience has all the power of a lever in magnifying the results of a communication.

Giving a bad presentation is poor economics and also damages morale and enthusiasm.



What is legible text?

Normal vision is the ability to read letters one centimetre high at a distance of 6 metres, a ratio of one to six hundred.



A safety margin of 3 is commonly accepted in engineering practice. \*

\* See Wikipedia at:

http://en.wikipedia.org/wiki/Factor\_of\_sa fety



On a name-tag, using letter-sized 12 point text means you have to be within 30 cm of someone in the dim light of a cocktail party, perhaps breathing garlic at them. You will be close enough to look down the decolletage of a lady.

The common distance for interpersonal greeting, with a big smile of recognition, is 2m. If you can read their name tag when you memory for their name has failed, your interaction is all the better and the occasion a happier one.



So much for the size of text. Over the next few slides we'll look at other properties of text.



There is detailed data in the literature of Human-Computer Interaction on factors affecting legibility of text.

One of the best combinations is black text on yellow. One of the worst is pale yellow on white, as was once commonly seen on Dymotape labels.

Red text on green will not be legible to the five per cent of the population who have this form of colour blindness.



With one diopter difference for focus on edges of red and blue, the iris is constantly "hunting" between the two to get the sharpest image.

The wavelengths of red and blue and 800 and 400 nM, giving the one diopter difference.



This slide speaks for itself.

Up till the Middle Ages and in some languages other than English there are not breaks between words.

In most modern languages reading is much harder without these breaks.

Character spacing				
Burn	burn	bum		
		_	24 of 68	

Just because a handsome looking alphabet comes ready-loaded in a software package does not mean it is perfect.

Spacing between two characters varies with different fonts. It is called "kerning", and can be adjusted in more elaborate software such as MS Word.

In this case the difficulty in picking the intended version of a word can mean either a mistake or else irritating indecision.



The change to a more legible character is easy to make, either by enlarging it with the pair of buttons A<sup>▲</sup> A<sup>▼</sup> in the menu bar or by selecting it (using shift and arrow key) and making it **bold** with Ctrl and B keys. There may be something in favour of making every full stop bolder.



Choice of font is highly individual. Some are frankly more difficult to read. There are many published studies on which font is the most legible in different circumstances.

One of the problems with Times Roman is how thin some of the vertical elements are, making it less legible under poor viewing circumstances.



According to one study, lower case is about 20 per cent more legible.

This may be an underestimate.

DOG	dog
IMAGINE A DENSE BLOCK OF STUFF EITHER IN UPPER OR LOWER CASE WHICH YOU ARE TRYING TO READ QUICKLY	Imagine a dense block of stuff either in upper or lower case which you are trying to read quickly
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... especially when applied to slabe of text rather than single words.



It is common for presenters to use light text on a dark background. However a pale background reflects more light in a small dark room, when the audience might otherwise be more likely to nod off to sleep



Some authors of Powerpoint – and magazine publishers – make text difficult to read by camouflaging it in this way.



Here comes a series of points to discuss.



This refers to one's first impression.



In the old days of 35 mm slides, a good test for the likely legibility of the slide was to hold it out at arm's length.



For on-screen writing, this is an effective and immediate test.



As in an old proverb, your enemies are your best friends, because they show up your weaknesses.

You need strong effective criticism to sharpen up a presentation.



Each time you go through a presentation you are likely to pick up a detail or two that you can improve on.

I generally try out my presentations on the cleaning lady if she is available. If I can make the meaning of the slides clear to her, I may succeed with a surgical audience.


Think hard on the assumptions you are making abut your audience, and whether there is a match between it and the presentation.

There is wide latitude in choosing the spoken words to fit the same visual presentation.



... the obvious ...



In a series of slides, it adds big impact to use a visual trick like this for the last one – or in this case, two.

## Consistency

Reduces the cognitive load

- Same format, layout, colours
- Fonts type and size, no more than three

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Let's look at these one by one. We've already done text.



An excellent reference for this subject is Edware Tufte's "*The Visual Display of Quantitative Information*". It is worth getting for your departmental library. See:

http://www.edwardtufte.com/tufte/books\_vdqi

When a graph is copied from a book or journal, the captions usually become too small to read. You can replace them with larger text by placing a Text Box over the original.



Dr John Snow was a general practitioner in London, famous for giving Queen Victoria an anaesthetic for the birth of one of her children. Even more notably, he discovered the infectious cause of an epidemic of cholera in London.



He plotted each case of cholera on a map of the streets of Soho and found the densest concentration around the pump in Broad Street.

The pump was next to a cracked cesspit where the mother of a baby with cholera had washed its napkins, thus spreading the infection. Another version had the pump drawing water from the Thames which was infected.



Here is a picture of Snow's original epidemic.

He decided to remove the handle of the Broad Street pump to stop the epidemic, and for years this handle was above the bar of a pub in Soho.

Sadly for the story, the epidemic had already peaked. You can find the story at the website of the Centre for Disease Control, Atlanta:

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www.cdc.gov
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The dismal story of Napoleon's disastrous expedition to Russia in 1812 is told in magnificent detail in Tolstoy's "War and Peace".



Starting at the left, the width of the brown line is proportional to the size of Napoleon's army. As he marches to Moscow it gets smaller. As he returns to France, it shrinks further to about 4000 instead of the half million he left with. It shows what an egomaniac monster he was.

On the original diagram more information can be made out, including dates. If only ICU data could be plotted in some similar way!

The above diagram is copied from Edward Tufte's book "Envisioning Information".



Here is a strong statement in a discussion about the importance of the areas of South Australia outside the capital of Adelaide.

This was in an argument I presented when living at Whyalla, which was always overshadowed by the state capital Adelaide.



For a spoken presentation, here is a stripped-down version of the same graphic to make it quicker to take in, while the rest of the earlier information would be presented by the speaker..



Line diagrams can be much clearer than photos.

Technique: Take a piece of perspex, or safety glass with non-sharp edges and corners and lay it over the object in a good light. In this case it is a left hand double grip. Trace the object with a non-permanent felt-tip pen. Trace the tracing, then scan. You could flip for right hand, combine hands, and manipulate in a graphics program

An alternative is "rendering" photos in a graphics editing program.



If you are blessed with access to a talented cartoonist, a picture is worth a lot. This cartoon was to illustrate the problems of incompatabilities between different parts of a system, in this case optical fibre cables and connections from different manufacturers not following the same standard.



Another cartoon, this time for a discussion of the phenomenon of Repetitive Strain Injury in Australia in the 1980s.



This would have been an offensive cartoon to include in a talk I gave in Japan in the 1990s because it refers to an iconic photo about the Japanese defeat on the island of Iwo Jima in World War Two, with horrendous loss of Japanese life. Should this be accessed on the Internet, I hope Japanese friends will forgive me in the interests of improving academic communication.

Think hard before including a joke about sex or other sensitive topics. It may go down like a lead balloon.



## So it will need to be lightened.



It is actually a distended abdomen, with the patient's thighs to the left. She has been given a pneumoperitoneum increased daily for 3 weeks, in preparation for repair of an incisional hernia with a dozen previous failures.

In this case the repair was successful.



Here are two young basic surgical trainees working at a laparoscopic simulator.

There is a failure to plan for the needs of the shorter assistant whose vision is partly blocked by the operator's right arm. (He should be standing on a low platform.)



Using the graphics symbols in Powerpoint I have put in an upsidedown U with arrowheads to emphasize the awkward chicken=wing abduction of the right shoulder, which should have been avoided with better organisation and siting of the laparoscopic ports.

However it has also been easy to use software called Photoshop to shift the operator's right upper arm upwards to exaggerate the problem, which is neither honest nor a good idea.



Movies can illustrate a powerpoint presentation very powerfully, as long as they are appropriate and short.

There is a series of instructions on the Menu bar starting with Insert. The movie needs to be in a format called .avi (dot a v i), so it might need to have been changed from another format.

Apple Mac users have an easier time, but may run into trouble at some venues.



There are a few matters which experience shows leads to disasters at times, or at least embarrassing delays and shuffling.

The root cause is the temptation to use technology just because it is there, when it probably would not have added a scrap of benefit to the occasion anyway. In fact the clever technology would have distracted the audience from the content of the talk.



If the screen is too low and has 3 legs, you can raise it on 3 chairs, one under each leg, but this (like so many things in hospitals) depends on the local interpersonal politics.

Ambient light may stream in from the afternoon sun, washing out the slides. You can partly prepare for this with large contrasty text and suitable graphics.

If the system won't work, you may end up giving the talk from your own copy of the handout. If you are lucky, each attendee can be given a copy of it as wellbefore the start of the talk rather than at the end.

If you have a drunken distracted audience, all you can do is struggle through for a while, draw your talk to a close and smile as hard as you can. There's always next time.



Experience in preparing Powerpoint talks, and exploring the various editing options, will give you steady improvement.

There are lots of other tools to explore !

If you have hand-outs of copies of your presentation, it is better to give them out afterwards Unless the projector fails!) Otherwise the audience will flip backwards and forwards through them to see how you are going.

They rarely add notes, and those who are keen will make them on separate paper anyway. Just tell them compies will be available later.

Laser pointers – don't wave them about, don't over-use, and steady them against a support if you have a distracting tremor.



It is up to the Department head to ensure that members present talks of good quality. The way to do this is to have good guidelines (such as this talk), trial presentations at least a month earlier, and utterly ruthless criticism.

Some individuals may feel they lack the techical savvy that is needed. Not so. You can make the slides simple but avoid the pitfalls that impair legibility.



Phew!

Having expended all that effort, it is worth getting as much use as possible from your masterpiece.

It may be possible to get it onto a Departmental website, or (gulp!) the website of the Royal Australasian College of Surgeons (one of mine is there, on "Winding Down from Surgery"). Or you may have your own personal website to refer interested people to.



If a speaker is not present, the usual spoken information will be missing. Going through the Powerpoint file will be a waste of your time.

Use View > "Notes Page" to insert the remarks you would have spoken, and convert it to a PDF file.

It is extra work for the author, but the result should be worth it. (Set font size to 24 pt on View > Master > Notes Page to make it legible).

The Notes Page can be included in a pdf version of your ppt file, using the free software "PDF Creator" from http://sourceforge.net/projects/pdfcreator/

Press Print > PDF Creator, and select Print What: > Notes Pages but do not tick the box next to Print to File, or the Notes Pages will fail to print.

Others can still view the Notes Page in the original ppt file (see next slide).



This, or text below, is the information that could be put at the start of a standalone Powerpoint file:

"To advance to next slide, press "Page Down"

To go back, press "Page Up"

To resume "Full Screen", click icon below left, third from the edge, or icon below right (in MS Vista)"

Of course it doesn't apply in the present case.



There is a huge number of powerpoint presentations on the Internet. Some of the best have guidelines for conferences. I hope to name a few of the best on my website in the near future.



This photograph was published in the BMJ many years ago. It shows the audience at an international conference on psychiatry caught on infra-red film.



Please contribute your ideas and especially your criticisms.

The spaces in the email address are to stop it being harvested by an automatic program for spamming.